

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	4					
40	1					
41	0					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	0					
50	1					
TOTAL IND.	5					
TOTAL DEP.	20	←	←	←	←	←
TOTAL CLAIMS	25	████████	████████	████████	████████	████████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS